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The Negro Tuberculosis Problem In Maryland

Whose Problem?

Some Statements of Fact

as to why the prevalence of tuberculosis among negroes is one of Maryland's gravest health problems, with definite and suggested measures for its more effective control; published in May, 1915, by the Maryland Association for Prevention and Relief of Tuberculosis, Baltimore, Maryland.



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WHAT THE CHIEF HEALTH OFFICIAL OF THE STATE SAYS ABOUT THE NEGRO TUBERCULOSIS PROBLEM

(Letter of Dr. John S. Fulton, Secretary, State Department of Health, reprinted from "A Brief Review of the Tuberculosis Campaign, 1904-1914," prepared by the State Department of Health for the State Conference on Tuberculosis, Annapolis, Md., January 22-23, 1915.)

January 18, 1915.

TO HIS EXCELLENCY,

PHILLIPS LEE GOLDSBOROUGH,

Governor of Maryland,

Annapolis, Maryland.

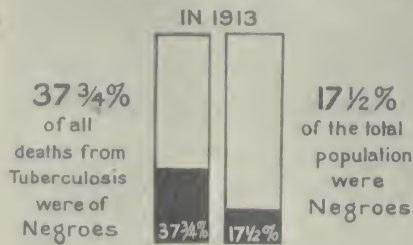
SIR:

I have the honor to transmit herewith a brief review of the operations against tuberculosis in the decade 1904 to 1913, inclusive. The main contents of this review have been prepared by Dr. Beitler, Chief of the Bureau of Vital Statistics, and Dr. Rohrer, Acting Chief of the Bureau of Communicable Diseases, of the State Department of Health, and I am impelled to add some editorial comment for the purpose of bringing into the foreground that phase of the tuberculosis problem which has been recognized from the beginning as most important, namely, the heavier incidence of tuberculosis on the colored population.

It was not expected at the outset (in 1904) that the colored population would derive a profit from the operation of laws then in force. There was no provision for the sanatorium treatment of negroes, nor were there any hospitals for the segregation of advanced cases. The domestic prophylaxis provided for, and the instructive nursing supplied in Baltimore city first, in other towns later, have been available alike for white and colored. But it was not believed that these instrumentalities would be taken advantage of by the colored population in anything like the measure of their utility to the whites. Very likely there is still good reason for this doubt, but the experience of ten years shows that the colored race has received substantial profit in the operations against tuberculosis. This experience very clearly indicates that the diminution of tuberculosis among negroes could be greatly accelerated. It is entirely reasonable to assume, indeed, it would be unreasonable to deny, that the diminution of tuberculosis in that 80 per cent. of our population which is white has induced some diminution of tuberculosis in that 20 per cent. of our population which is colored.

If it were possible to find in our population a large group, say one-fifth of the population, known to be three times as heavily infected as the re-

EXTENT OF THE PROBLEM IN MARYLAND



The proportion of Negro deaths from Tuberculosis was over twice as great as that of the white deaths

9,056 Negroes
have died from Tuberculosis (all forms)
in Maryland in 10 years (1904-1913)
**HALF OF THESE DEATHS WERE IN
BALTIMORE**

It is important to both **WHITE**
and **COLORED** people of Maryland
to support measures which will
result in lowering the needlessly
high proportion of colored deaths

PANEL 1.
NEGRO TUBERCULOSIS EXHIBIT
OF THE
MARYLAND ASSOCIATION FOR PREVENTION AND RELIEF
OF TUBERCULOSIS.

maintaining 80 per cent., the concentration of preventive effort on that 20 per cent. group would be an unassailable economic proposition. The colored population is 20 per cent. of our population, and three times as heavily infected as the remaining 80 per cent. It might be argued, and it is commonly argued, that the colored population, on account of its economic status and racial susceptibility, cannot be benefited as the whites can, by the operations against tuberculosis. For the moment, if not for the future, that argument is nullified by the circumstance that, in the past ten years, and with greatly inferior facilities, the negroes have made quite four-fifths as much progress as the whites.

The advisability of special effort to control tuberculosis among the colored has been recognized from the first. The experience of ten years strongly fortifies this recommendation. The disease appears to be declining in both races, but the interval is very wide. The altitude of the disease among the colored is three times its altitude among the whites, and the rate of subsidence is 20 per cent. slower than among the whites. The cheapest and surest way to accelerate the diminution of tuberculosis among the whites is to speed the subsidence of the disease among the colored.

Examining the morbidity records, we find that, during the first three years, nearly 6000 cases were registered, an average of about 1900 cases yearly. In the tenth year, 1914, 3302 cases were registered. There is an apparent paradox in a rising registration of cases and coincident decline of mortality. But the rising morbidity figures simply illustrate the common experience of health departments in the early years of notification of all infectious diseases. The medical profession does not fall at once into the habit of reporting sickness. At present we can speak of the registration as thoroughly established, though certainly not complete. We know from the records that more than 3300 persons are attacked each year with sufficient severity to make the nature of the disease quite clear to the average physician. The estimate publicly made by Dr. Osler in 1903, that there were probably 10,000 persons in Maryland at any time suffering with active pulmonary or laryngeal tuberculosis, is justified by the numbers recorded at the State Department of Health at this time, and Dr. Osler's estimate was probably not excessive in 1903.

On December 29, 1914, there were 11,010 cases on the "active" register of the Health Department, 9307 whites and 1703 colored. Roughly speaking, the colored population, one-fifth of the whole, furnishes one-sixth of the registration. In Baltimore city the visiting list of the tuberculosis nurses includes 3900 cases, of which number 490 are colored. The colored population of Baltimore is one-seventh of the whole, and the proportion of negroes on this visiting list is roughly one-seventh.

The registration of tuberculosis among negroes is nothing like so full as the registration of white consumptives. The proportion of cases which do not seek medical advice is undoubtedly much larger among negroes, and it is not to be expected that as full registration can be obtained. Wherever visiting nurses are employed, cases of tuberculosis are brought to light, which otherwise would not come to medical attention, and this probably explains the better registration of colored cases in Baltimore city. It seems to me probable that the tuberculosis nurses, few as they are, have been

THE HOME OF NEGRO TUBERCULOSIS

Bad living conditions are the largest single factor responsible for the DEVELOPMENT and SPREAD of Tuberculosis among the colored people



Many Tuberculosis cases discovered by Tuberculosis nurses in these two alleys
476 Negroes, men, women and children live in these two alleys



Overcrowding, dirt, darkness, lack of ventilation and plumbing are the intimate friends of Tuberculosis



Type of sanitary houses for colored people - the enemy of Tuberculosis - NOT FOUND IN BALTIMORE

PANEL 2.

NEGRO TUBERCULOSIS EXHIBIT OF THE

MARYLAND ASSOCIATION FOR PREVENTION AND RELIEF
OF TUBERCULOSIS.

largely responsible for the decline of tuberculosis in the last ten years. It is certain that the nurses greatly increase the value of those prophylactic supplies which the State furnishes, and they are able to effect more improvement in the habits of consumptives, and of those in contact with consumptives, than can be effected in any other way. The nurses are very strongly impressed with the necessity of better provision for the segregation of advanced cases, and on this point their views have peculiar force, by reason of their intimate knowledge of living conditions and of the limitations of household prophylaxis.

The Maryland Association for the Prevention and Relief of Tuberculosis recognized, very early in its history, that characteristic and difficult phase of the problem in Maryland which grows out of our large colored population. The Association has invested much time and means in the special study of this subject, and is prepared to assist in formulating and prosecuting special plans for the control of tuberculosis among negroes.

Seeing that the colored people have shared, beyond our expectation, in the benefits of a campaign lasting ten years, under conditions of superior advantage for whites, one may ask, not whether, but how much, greater progress the State of Maryland might achieve under conditions of equal or possibly superior provisions for the tuberculous of the colored race.

Elsewhere in this report I have reprinted some utterances of the Municipal Tuberculosis Commission of Baltimore, showing how this group of investigators were impressed by this phase of the tuberculosis problem.

I have the honor to be, sir,

Yours very respectfully,

JOHN S. FULTON,
Secretary.

FINDING THE CASES

To find the cases and obtain treatment means persistent and often discouraging work on the part of nurses



I Nurse learns that Eliza has a bad cough



II Nurse makes many visits before she can persuade Eliza to go to Dispensary for examination



III The diagnosis at Dispensary shows positive symptoms which means that Eliza needs treatment and is dangerous to others



IV But Eliza must remain at home under conditions that greatly lessen her own chances of recovery until one of the few hospital beds for negroes is vacant

WHAT CHANCE HAS ELIZA
and others of her race under these conditions?

PANEL 3.

NEGRO TUBERCULOSIS EXHIBIT OF THE

MARYLAND ASSOCIATION FOR PREVENTION AND RELIEF
OF TUBERCULOSIS.

EARLIER OPINIONS ON THE SAME SUBJECT

ABSTRACTS FROM THE REPORT OF THE BALTIMORE TUBERCULOSIS COMMISSION, 1910.

(Page 49)

"The prevalence of this disease among the colored is of particular concern to the white race, because the colored of both sexes are so largely engaged in domestic service. Among 309 colored persons suffering with tuberculosis, and on the visiting list of the City's tuberculosis nurses in August, 1910, 121 were maintaining more or less intimate relations with white families as domestic servants (69) or as laundresses (52). Healthy colored people are safer from tuberculosis, no doubt, when living in the homes of white people, but the advantage to one race, in this situation, is offset by increased danger to the other."

(Page 50)

"The Commission recommends that the city provide a special hospital for tuberculous negroes. It will be said that this recommendation intends racial separation, as is deemed generally necessary in public institutions in Maryland. This consideration, to be sure, has weight with the Commission, but the gravamen of the matter lies in a clear necessity for superior, as well as separate, provision for the tuberculous of the colored race. The colored population carries a larger hazard; the colored consumptive is a more serious menace. We bury, and shall continue to bury, two white consumptives for every burial of a colored consumptive; but out of a thousand living of each race, we bury more than two colored consumptives for each white. Such is the situation in a total population which counts three colored persons to seventeen whites. Under such conditions, hospital accommodations proportionate to the numbers exposed in either race would be no more than just, though less than adequate. If the recommendations of the Commission become effective, relatively more beds will be at the disposal of the city for colored consumptives than for whites. We wish it distinctly understood that, in the opinion of the Commission, the essentials of a successful and economical movement against tuberculosis in Baltimore include both separate and ampler accommodations for advanced cases among the colored."

HOSPITAL CARE

A sufficient number of hospital
beds for Negroes with Tuberculosis
would increase the number
of cures and greatly lessen
YOUR CHANCES OF INFECTION.

64 Hospital beds for colored Tuberculosis
patients in the whole State.



45 beds in Baltimore for
colored patients if they
are willing to declare
themselves paupers
1046 reported colored cases

19 beds in the
counties
657 reported
colored cases

1703 REPORTED COLORED CASES
in State, December, 1914



27 KNOWN CASES FOR
EVERY AVAILABLE HOSPITAL BED

PANEL 4.
NEGRO TUBERCULOSIS EXHIBIT
OF THE
MARYLAND ASSOCIATION FOR PREVENTION AND RELIEF
OF TUBERCULOSIS.

(Page 53)

"The refractory quality of the tuberculosis problem among negroes will disappear, perhaps, when effective leadership and the faculty of response are asserted within the race. Meanwhile the destinies of both races, indissolubly joined, are in the hands of the whites, and this guardianship is hedged with penalties impossible to avoid."

(Page 62)

"When we say that the deaths from tuberculosis of 1365 citizens a year means to the city an annual loss which, reckoned in years, amounts to 43,644 years, or, reckoned in money, amounts to \$3,244,734, that statement is entitled to such credit as men of intelligence ordinarily give to other expert statements concerning equivalent magnitudes. The error amounts to thousands of dollars, certainly; to tens of thousands, probably, and possibly to \$100,000 in excess or in deficiency of the given figures. But it is most unlikely that any basis of calculation on which five competent men could agree would bring the estimate down to \$3,000,000, or raise it to \$4,000,000."

TUBERCULOSIS IS BRED

in bad living conditions

IT IS SPREAD

by careless and ignorant patients

IT CAN BE CHECKED BY



Teaching the colored people about causes, dangers, and prevention of the disease



Teaching the colored patient while at home how not to infect his family and neighbors



Adequate provision for proper hospital treatment for the negro



A law that assures detention of careless Tuberculosis patients committed by health authorities

PANEL 5.

NEGRO TUBERCULOSIS EXHIBIT OF THE

MARYLAND ASSOCIATION FOR PREVENTION AND RELIEF
OF TUBERCULOSIS.

THE NEGRO TUBERCULOSIS PROBLEM

AS DISCUSSED AT THE
FIRST STATE CONFERENCE ON TUBERCULOSIS,
CALLED BY SPECIAL PROCLAMATION OF
HIS EXCELLENCY, GOVERNOR GOLDSBOROUGH.

Held under the auspices of the MARYLAND ASSOCIATION FOR
PREVENTION AND RELIEF OF TUBERCULOSIS and its
ANNE ARUNDEL COUNTY BRANCH at the State House,
Annapolis, Md., January 22-23, 1915.

His Excellency, Governor Goldsborough.

(Introductory Address.)

"This disease (tuberculosis) would, therefore, seem to be very much more prevalent amongst the negroes than the whites. Not only do humanitarian motives demand that we do something to stop this frightful death rate amongst the negroes, but in addition we must see, from even a selfish viewpoint, that we can never hope to make any great progress against this disease amongst the white race so long as we allow the negro to be the center of infection. This is especially true when we consider the fact that the negroes cook our food, put it on the table, wash our clothes, and care for our children. It would, therefore, seem that the weakest spot in our fight against tuberculosis is the negro, and it is to be hoped that something definite can be worked out for him in the near future."

IMMEDIATE NEEDS

Resolutions Adopted at First State Conference on Tuberculosis, Annapolis, Md., Jan. 22-23, 1915



"That adequate provision be made for the segregation, treatment and care of negroes suffering from Tuberculosis"

Bills will be prepared for presentation to the Legislature of 1916. Ask for copies

YOU CAN HELP

Don't hope your representative will support these important measures, designed for your own and your family's protection. Make sure he does, by choosing and helping to elect a man who will

It is up to you to send this type of representative to the



FOR THE LEGISLATURE OF 1916

PANEL 6.
NEGRO TUBERCULOSIS EXHIBIT
OF THE
MARYLAND ASSOCIATION FOR PREVENTION AND RELIEF
OF TUBERCULOSIS.

DR. WILLIAM C. WOODWARD,

Health Officer, District of Columbia.

Topic: TUBERCULOSIS AMONG NEGROES.

"As I have thought of the situation it has seemed that probably we were making a mistake in not concentrating somewhat more our efforts towards the destruction of tuberculosis as a factor in our death rate. True, we must maintain at all times a warfare against the disease, offensive and defensive, but has not the time come when our efforts must be centered against those points where tuberculosis prevails to a greater extent than in the community generally—by supplementing, it may be, our general efforts, by concentrated efforts on the strongholds of the enemy, we will gain more rapidly than we have in the past? If, for instance, I could point out in the city of Baltimore a certain section of the city whose citizens were suffering from tuberculosis at three times as great a rate as the citizens of the rest of the community, it does not seem to me that the City Council would long be still, or that the citizens of that community would sit idle. At that rate, certainly if one part of that community could be freed from the disease to a large extent, there would be no reason for permitting the rest of the community to suffer in that way. If I could point out in the city of Baltimore, by way of illustration, that in the first, and in the second, and the third wards, and the fourth ward, tuberculosis was three times as prevalent as in the rest of the city, action would certainly be prompt and effective. And, yet, in the city of Baltimore there is today a population equal to the population of the wards I have named that does suffer in this very way, and what has the city done about it? If I could point out that in the State of Maryland there was in the counties of Carroll, Harford, Baltimore and Frederick, excluding Baltimore city, a prevalence of tuberculosis two and one-half times as great as the prevalence of the disease in the rest of the State, would the people of the State allow its Legislature long to remain quiet and do nothing for the relief of that part of the community? I venture the assertion that it would not. And yet in the State of Maryland there is a population—nearly one-quarter of a million human beings—a population as large as the population of the counties I have named, that is afflicted by tuberculosis to an extent two and one-half times as great as is the remainder of the population, and what is being done about it? We cannot say that it would be a simple matter to take these geographical lines that I have pointed out and apply the remedy to those parts. It is not easy to select this particular portion of the community that I have named—nearly 100,000 in Baltimore, nearly one-quarter of a million in the entire State—because this population, this afflicted population, is quite as well limited and pointed out by other lines as it would be were it confined within a certain geographical area. We cannot say that if the population were confined within these territories it would not be such a danger to the



CENTRAL DEVICE.
 NEGRO TUBERCULOSIS EXHIBIT
 OF THE
 MARYLAND ASSOCIATION FOR PREVENTION AND RELIEF
 OF TUBERCULOSIS.

community as it is now when it is scattered and diffused throughout the entire State, because, as a matter of fact, that is not true. As a matter of fact, exactly the opposite condition prevails, because we have in the city of Baltimore nearly one hundred thousand—approximately ninety thousand—negroes. That is the population I refer to that suffers from tuberculosis to the extent I have mentioned. We have in the State nearly 240,000 negroes that suffer at the excessive rate that I have mentioned, and no one will claim that there is any difficulty in dealing with them as a part of the population; certainly a claim of that kind cannot be made, nor can the claim be supported that this population is not a menace to the community such as it would be were it confined, because, as a matter of fact, as your Governor has pointed out, it constitutes a danger even more grave than would be the case were it limited. These persons of African descent go into our homes and care for our children. They prepare our food. They care for our office buildings, and schools and public buildings. They ride with us in the cars. They may be segregated in a certain part of the cars, yet within a certain confined space; those who have occasion to ride in the Pullman cars find that the porter is usually a negro. *Wherever you may go, you will at one point or another, in some way or another, come into contact every day of your life with the negro race, and the negro race suffers from tuberculosis, tainting the country generally—and take this State as a part of the country—to an extent nearly three times as great as that of the whites.*

"There is another factor that might be considered as a reason why we should not undertake to handle this problem of the negroes, and that is the fact that the negro, as it is claimed by some, is racially susceptible to this disease, more so than is the ordinary white man—but that very argument, instead of being an argument for doing nothing with respect to the negro, appeals to me as a reason why we should work the harder with respect to the negro, because if he is more susceptible to the disease, it is going to require more effort on our part, it is going to require on his part a higher standard of living than if he were not so susceptible, so we must do more for him because of this susceptibility than we would otherwise have done.

"Possibly the State of Maryland has done more towards dealing with tuberculosis among the negroes than I know of. I can form my conclusions with respect to that point from what has been said with respect to the accommodations provided for the negroes, and by what has been published as a matter of official record. The latest figures not being available, I referred to the official reports of the State Board of Health, and found that in the State of Maryland in 1912 there died of the white race 1568 white persons from tuberculosis, and that there were 791 beds available in public institutions for tuberculosis. During the same year there died of the colored race 902, and for the 902 persons there were available 45 beds, and those were charity beds in a hospital in Baltimore city. Now, I say something may have been done for the solution of the problem of tuberculosis among the negroes that does not appear in the public records, but, judging from what has been said, what has been printed, I am bound to infer that the colored problem has not yet been adequately attacked.

"The very fact that these beds are connected with a charity institution bespeaks to my mind a false idea with respect to tuberculosis. *Do you leave charity institutions to deal with smallpox? Do you leave charity institutions to deal with diphtheria or scarlet fever? Would you leave charity institutions to deal with yellow fever, or Asiatic cholera, or the plague? Certainly not. They are not problems of charity. They are problems of public health. Then why should you leave charity to care for the negro tuberculosis patients? Absolutely, the management of tuberculosis is a sanitary question, and it should be placed upon the same plan and in the same hands as deal with your sanitary questions.* Until that is done, gentlemen, and the man with tuberculosis, be he rich or poor, will feel that he is not a charity patient, depending on the aid of the State because of his poverty, but that he is a sick citizen, one who wants to get well for the sake of his family, one who wants to get well because he loves life, for the sake of the State—one who is a menace to the State. Until the tuberculosis patient feels that he can call upon the State in that



Type of tuberculosis center in colored section of Baltimore.

way, you are not going to get the vast mass of self-respecting persons, white or colored, to avail themselves of anything that may be done for them along these lines.

"As to the special methods for reaching the colored race, I know of none. The methods that must be used for them are the same that must be used for the white race. First of all, I should place efficient organization—a State organization that can supervise the prevalence, and do what may be possible to limit the prevalence of tuberculosis in the entire State. I should regard it as an essential attribute of any State organization the attribute to co-operate with local organizations of the local governmental organizations, or private organizations, because the problem of tuberculosis in the State is grave enough to tax the resources even of a State as rich as Maryland, and I am sure that the State that would make the most rapid

progress must be able to supplement the resources of local institutions. That organization should be enabled to exercise a certain supervision and control over the local institutions.

"I should place emphasis on a matter that must be pressed home with respect to the negro race—education. Education is something that can be forced. At the present day education is something that very properly precedes the building of hospitals and sanatoria. There must be created in the race in the entire community an understanding with respect to the relation of these hospitals and sanatoria to the public, so that when there appears in this part of the State a sanatorium, and so that when there appears a sanatorium in another part—so that when the time comes for a hospital in this community, and a hospital in that community—your white man, when you are building white hospitals, your colored man, when you are building colored hospitals—will not feel that he is going to a charity institution.

"In dealing with the problem of the negro we must remember that the negro is not a voluntary resident. He did not come to America voluntarily. He is here with us, not of his own will, and we owe him a certain obligation, a moral obligation, on that account, and if you will come to closer circles, the man who is not appealed to by these broader motives must be ready to do his part because of his wife, because of his children, to protect them from tuberculosis, and it is only as each one does his part, supports the government, sends the legislators to the halls of the Legislature who will do what is necessary, and sustains them by his encouragement and by his conviction, and by his speech as to what he wants done, only in that way will it be done."

DR. FRANK J. GOODNOW,

President, Johns Hopkins University.

Topic: IMPORTANCE OF PREVENTIVE WORK IN VIEW OF THE LARGE NEGRO POPULATION.

*** * * I think that we can unite with regard to tuberculosis in this view, that it is much more liable to attack those people whose economic condition is not good. Now, that is one of the dangers in the negro situation. We do not really know whether the negro is more predisposed to tuberculosis than the white man, but whether he is or is not, he is, on account of his lack of economic comprehension, as compared with the white man. He cannot live in as favorable conditions for resisting the disease as can the white man. We have the same condition in the case of the poor white man who is forced on account of his poverty to live in economic conditions unfavorable to the resistance of the disease. We will have to better those conditions."



Typical of Baltimore's colored district, where overcrowding, dirt, lack of proper ventilation and plumbing help the spread of tuberculosis.

DR. THEODORE C. JANEWAY,

Professor of Medicine, Johns Hopkins Medical School.

Topic: THE IMPORTANCE OF HOSPITALS FOR ADVANCED
CASES IN THE PREVENTION OF TUBERCULOSIS.

Now, if we are faced, as Maryland is faced, with the presence in large numbers of a race of comparatively low resistance, at the same time living under conditions which peculiarly expose it to infection in the home by tuberculosis, where tuberculosis exists in the home, it is rather absurd for us at the moment to lay much stress on eugenics. Education is the only immediately available remedy for the situation, certainly for the spread of the infection from infected persons, if it could be applied, would be an absolutely effective means for stamping out tuberculosis. No one can deny that fact.

"If an individual does not get the tubercle bacillus he is not going to get tuberculosis, no matter how susceptible he is. Biggs has recently said: 'Preventive and curative measures are largely futile while advanced cases of pulmonary tuberculosis are permitted to remain in their homes, where overcrowded, insanitary conditions and destitution exist.'

"My friend, Dr. Linsly Williams, Deputy Health Commissioner of New York State, has said: 'Every measure should have for its ultimate object segregation of the tuberculous in the hospital; all other objects should be secondary to this.'

"I have, however, been impressed in my work here with the absolute lack of any provision for negroes afflicted with tuberculosis, even of the most advanced kind, and when we have made a diagnosis of tuberculosis of the patient at the Johns Hopkins Hospital, there is practically nothing that can be done for that patient except send him to Bayview, and the beds there are quite too limited to accommodate the number. * * * I should like to urge that this body discuss today, carefully and thoroughly, the question of what is the wisest provision to make for the city of Baltimore, which is a separate problem, and for the counties of the State, in acquiring a hospital bed for every patient with advanced tuberculosis, and particularly for every negro with advanced tuberculosis that will want to go in the course of a year to such a hospital. You can already send them if you had the place. How can you provide the proper places? How can you make these hospitals attractive, so that patients will seek them voluntarily, at a minimum of cost to the State and to the local community?"



Rear of row of colored tenements. Drainage runs down through alley except when stopped and held in stagnant pools by uneven paving. Decaying fruit and vegetable matter found everywhere.

DR. C. HAMPSON JONES,

Assistant Health Commissioner, Baltimore.

(Discussion.)

*** * * The people must not only be educated into a knowledge of the disease, but educated into the necessity of their own protection, and you cannot do that except by bringing right into every family someone who has that sympathetic, human touch that I have found only in the nurse. Take, for example, the problem that we have in Baltimore city amongst the negroes. While in the State, as Dr. Fulton no doubt will tell you, there seems to have been an improvement in the death rate amongst the negroes due to this disease, yet as far as Baltimore city is concerned there has not been the result showing of any decrease, until 1914, during the past ten years. There has been, indeed, a slight increase. This is accompanied by another fact which some of you know very well, especially those who are connected with the families of closely associated with them, that *where we have one known case of tuberculosis amongst the negroes there is at least one case, if not two cases, that are not known*, even when death claims its own."

DR. MARTIN F. SLOAN,

Superintendent, Eudowood Sanatorium, Towson, Md.

Topic: THE GREAT NEED IN MARYLAND OF HOSPITAL
FACILITIES FOR NEGROES WITH TUBERCULOSIS.

"* * * There is only one State hospital in the country devoted exclusively to the care of tuberculous negroes, and it appears to remain for this Commonwealth to take vigorous action in this field of endeavor, and establish a standard as it has in other forms of hospitals, general and special. The neighboring State of Delaware alone maintains a small State sanatorium exclusively for negroes. One other sanatorium has a ward devoted to them; one city operates a special division for negroes in conjunction with its municipal sanatorium, and there is one ethical private sanatorium exclusively for that race. The other blacks in any way provided for are kept in wards with the whites in general hospitals with victims of other diseases, and in numerous almshouses.

"That the urgent need for hospital facilities for tuberculous negroes has not been presented before to an assembly of social workers in such a systematic manner as in this conference or symposium probably accounts for the apparent indifference towards the conditions that prevail throughout the State. Indeed, I have reviewed the reports of the meetings of all the important associations for the study and relief of tuberculosis during the past five years, and save for a sporadic paper dealing with the prevalence of the disease among the negroes and their peculiar hyper-susceptibility to it, I was unable to find a comprehensive paper or a correlated series of papers sufficiently forcible to impress the public and stimulate them to concerted constructive action in dealing with this problem of hospital care of negro consumptives.

"The Federal Census of 1910, the last accurate one available, showed Maryland to have a population of 1,295,345, of which 232,250, or one-fifth of the whole, were negroes. The same census confirmed unmistakably that the negro plays an important and indispensable part in the home and business life of the Caucasian, for of the number, 3594 were waiters, 1152 butlers, houseworkers and janitors; 24,983 were nursemaids and general houseworkers; 14,667 were laundresses and 28,825 were farmers, dairymen, and vegetable and fruit pickers. It is evident from this incomplete list that the races are interdependent, and the economic and health problems of one are inseparably interwoven with those of the other, and those of neither one will ever be solved until a lasting solution is found for both. *Any campaign for civic, political, religious or moral improvement in the Southland that ignores or neglects the blacks will result in failure.*

"At the present time 1703 colored people are registered as tuberculous

with the State Board of Health, distributed as follows: Baltimore city, 1046; counties, 657; 690 of these were registered last year, 465 being in Baltimore city and 231 in the counties. That the number is so disproportionately larger in Baltimore city is due to the excellent work of the visiting nurses, who have been instrumental in bringing many of these patients to the physician, and the number will undoubtedly increase in the counties as more nurses are placed in the field. However, these figures do not express even approximately the existing number of cases among the negroes, owing to the reluctance with which the race seeks medical aid. From 1903 to 1914, inclusive, 5467 negroes died of tuberculosis in the city of Baltimore, 252 having died last year. Practically all of these died in their homes, scattering virile germs of infection to their associates, who as laundresses, cooks, nursemaids, barbers, etc., carried them to the four points of the city and State. It also means that the deceased themselves, in order to exist, were compelled to work until exhausted by the hand of death. Sir Robert Phillip of Edinburgh, after 20 years' experience in the dispensaries and hospitals of that city, feels that each death from tuberculosis represents 10



Colored section. Note dead cat in right foreground and refuse to left. This cat must have been lying here some time, as it had been partially consumed by vermin.

infected people, though the disease may not be necessarily in an active or clinical stage. As applied to the negro, this estimate is probably not excessive.

"Intelligent negroes of the community aroused to the need of action are waiting for the white people to take the initiative. In the summer of 1911 I met with a group of representatives of this race in Baltimore to discuss this self-same subject, and was impressed with the earnestness and knowledge of conditions manifested by them. Doctors told their experience; mothers of tuberculous children, with tears in their eyes, told what they thought should be done; lawyers, school teachers and laymen expressed a fervent desire for definite action by the white people, and I am glad to be

able to champion their cause before this representative body of laymen and legislators, and bring to them the Macedonian cry of those who want hospital care for their tuberculous. Theirs is not the cry of the economist, who transforms lives as wage-earners into dollars and cents, neither do they consider their tuberculous merely as so many germ carriers and sources of contagion to their white employers, but they make their appeal for the sake of human lives stricken with a subtle and terrible affliction from which they want relief. They agree that much of the negro's life is based on superstition and skepticism; that he would prefer, and in fact, in some cases still depends on the 'medicine man' or 'witch doctor' to cure him of his ills; that he wilfully shuns the ethical medical practitioner until many times his disease is incurable.

"During the past three years 422 negroes applied at the Phipps Tuberculosis Dispensary in Baltimore for treatment. One hundred and eight were either suffering from a non-tuberculous ailment and did not return for a definite diagnosis, 33 had incipient tuberculosis, 85 had moderately advanced tuberculosis, and 196, or 46 per cent., had far advanced tuberculosis. They were from all sections of the State, their ages ranged from 6 to 60, and their occupations included cooks, waiters, maids, butlers, laborers, hucksters, sailors, chauffeurs, barbers, candymakers, laundresses; furthermore, 44 were of a higher type of intelligence, and included musicians, clerks, students and school teachers, and it is for these particularly that I make my plea. Scores of these should have had, not a hospital where to obtain fresh air, sunshine and nourishing food, the agencies of health and means to a cure, but a comfortable and isolated place to die. Others should have had the chance to get well, and certainly all should have had the instruction which is a part of sanatorium treatment. Forgetting for the time being the question of education, better housing conditions, home supervision and the elimination from the nation of the universal curse of alcohol, which, God grant, the time is not far off when it will be, let us think only of hospital care. *Picture a scene more distressing, if you can, than that of a person, white or black, who has just been told he has tuberculosis, but with hospital treatment his life probably could be prolonged many years and be useful, and in reply to his inquiry for such hospital facilities he is told there are none.* This is the answer we must give to the colored man—lawyer or laborer, teacher or pupil, father or mother, for in the whole State there are about 50 or 60 beds available for the hundreds of them.

"Would that His Excellency, the Governor, might see his way clear to appoint a commission* to take up this question of hospital facilities for the tuberculous negro, which might bring the whole matter before the next Legislature.

*As this pamphlet goes to press notice is received of the appointment by His Excellency Governor Goldsborough of a State-Wide Tuberculosis Committee composed of representatives from Baltimore and from every county in Maryland.

"I have in mind a kindly old man of neat appearance and courteous manners who visited the dispensary in the summer of 1913. He had spent the previous 14 years as a missionary in the heart of Africa. Earlier in the summer he applied to a medical missionary for attention and was told he had consumption. He told his informer if he did have consumption he was going back to his home State, where he knew the doctors would cure him. He was sent to the dispensary on reaching his home in Southern Maryland, and it was found he had a moderately advanced case of pulmonary tuberculosis. The routine treatment was then outlined to him, and he expressed a desire to enter a hospital, but was told there was none available. We finally got him located in the home of a friend in the mountains of Virginia, where he could rest and sleep in the open air and get proper food and nourishment. Last fall he returned; his cough was distressing, he was short of breath and was quite emaciated. His story was pitiful, but one heard often by dispensary physicians. He had intended to 'chase the cure,' and did so until he commenced to gain weight, and then his friends began to advise him and made demands on his time as a preacher and lecturer. He went as long as he could and then started to taking a highly recommended and expensive patent medicine to keep up his strength. He said it was impossible to get well among friends, and he wanted to remain in Baltimore, where he could be observed and guided by the dispensary physician. However, he was in the last stage of tuberculosis, and was advised to make the trip home before it was too exhausting. I venture the opinion there were white people in sanatoria at that time whose hearts were blacker than his, and whose lives had been incomparably less useful."



In such colored alleys as this the nurse gets on trail of many a tuberculosis suspect. In the building in the background to the right, an old stable, several colored women were washing clothes when picture was taken—possibly your clothes.

WILLIAM H. BALDWIN, ESQ.,

Treasurer, National Association for the Study and Prevention of
Tuberculosis.

Washington, D. C.

(Discussion.)

“* * * I have been much interested in reading in the last few days an address by the Health Officer of Savannah at the meeting of the American Public Health Association in December, in which he speaks of the problem as it exists there. I refer to this because it applies to Maryland, to every State where the negroes appear to the extent that they do. They are there, and they must be taken care of. As he said—in protecting them, we protect ourselves—referring to the white people, it is absolutely necessary, and furthermore, he says, that if they wanted in Savannah to improve their conditions it would be difficult for them to do so. It is not only the ignorance, the lack of mental capacity, but the circumstances are such that they cannot well do it, so that it is absolutely necessary, and I am only repeating what you already know, what has been so clearly said here, absolutely necessary that there should be hospital facilities for the negro. It is, no doubt, because there are none that the death rate continues so high. Taking the deaths in Baltimore last year that I got from a pamphlet that I saw, the ratio is higher in Baltimore than in Washington. I am not trying to make any invidious comparison.

“In 1912 there were 480 deaths of colored consumptives in Baltimore; in 1913, 504; which means 1500 sick, using the factor 3. Now, there are 45 beds somewhere to send some of these, and the other 455 left to die and scatter the contagion. They all must die, and it is almost impossible for them to take proper care of themselves. Even the white people are not well able to do it. The negroes need especially the care.

“Now, as to our experience in Washington. We find that it is difficult—it has been difficult with the facilities that we had there in our tuberculosis hospital, where advanced cases are sent—we find it difficult to get the people to go. As has been said by Dr. Sloan, the negroes are especially willing to go.

“* * * We want, first, to get these hospitals for the advanced cases, especially for negroes, and see that they are put in them. What I was going to say to you, and it harmonizes with what was said by Dr. Stone with regard to their experience in Massachusetts, is that it seems to me that it would be well to have not simply one hospital for advanced cases of tuberculosis in negroes, but a number of them, some sort of a county plan, so that they will not have to go so far when they enter the hospital.

“* * * There is another phase to the question that we have met in Washington, and are meeting now. There are a good many persons who

ought to go to the sanatorium, in order that they may receive proper care, who will not go. We all meet that, and you will meet that here. *You need a law that those who will not take care of themselves shall be compelled to by law, and you can keep them by force.* That seems to be a rather cruel way. Senator James of Kentucky, chairman of this committee, said that he thought that that was rather a heartless law, rather a cruel law. I told him of not only the experience of New York city, where in seven years, the last seven years, they had only been obliged to use the law in 30 or 40 cases out of a population of 3,500,000 to 4,000,000 people, amounting to over one-sixth of 1 per cent. of the cases. I told him then what happened in San Francisco. They had a law of that nature for four or five years, and the Assistant Health Officer wrote me that they had only used it in two cases in three years. There were a great many cases where people had got frightened; it was like the story of David Crockett's coon—'Don't shoot now, I will come down!'



Very often, particularly the first of each week, when washing is being done, this surface water makes the alley impassable. Inside the house in left foreground the dampness is noticeable several feet up on the plaster. Human beings live in this house and others shown down the alley.

"We need something to force them to go when it is necessary for them to go. We have got to have that. We want to approach it by getting hospitals for the advanced cases, and especially for the negroes here, who need the most attention in that way, and then follow what may be necessary at that time. If the negro is not taken care of, the danger will come."

DR. GORDON WILSON,

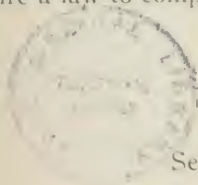
Visiting Physician, Baltimore City Tuberculosis Hospital, Bayview.
(Discussion.)

"Now, as to the question of sanatoria, both for whites and for colored, in no case should these hospitals be located on the same ground with institutions for the criminal or for paupers. That was the mistake at Bayview. We have tried for years to live that down. The patient will not go because he feels he is going to the poorhouse. * * *"

WILLIAM H. DAVENPORT,

Secretary, Board of State Aid and Charities.
(Discussion.)

"If we have gotten anywhere with this conference, we have agreed that there is urgent need for hospitals for tuberculosis for the negro; secondly, we have agreed that the best way is to have a chain of hospitals, located at strategic points; third, that these hospitals should be a center from which nursing can radiate, and lastly, it has been brought out that we shall require a law to compel the patients to go to these hospitals."

**DR. JOHN S. FULTON,**

Secretary, State Department of Health.
(Discussion.)

"* * * Now, we are agreed, I think, that we want hospitals for the segregation of tuberculosis. It is a most interesting subject. I should like to discuss a few phases of it. I think we are at a point at this time where it can be clearly seen that we are of one mind that we do need proper segregation facilities for cases of tuberculosis, and that we need them especially for the negro race. I think that we have arrived at that conclusion, and with great emphasis. I don't think that we could have reached a more important conclusion in ten years."

"The State Board has prepared a pamphlet, which you can all get—there are a lot of them here—which shows the ten years' work which we have been doing. That report shows a very interesting, remarkable thing. Ten years ago we did not believe that the negroes would achieve any benefit, any important benefit, from the work, because the measures we got through did seem to discriminate in a way against the negro. At all events, they did not share fully in the work of these ten years. Nevertheless, it does appear from this record in the State of Maryland that the negroes have made four-fifths of the progress made. I am glad that Dr. Jones, who has just gotten out of the hospital, was both able and willing to stand up here and speak. In Baltimore there has not been any decrease in the death rate; it has apparently been stable; it has not moved in either direction. It is thought, however, that there has been some increase, indeed, in the last year. Our figures only go to 1913. We do know this, though, that tuberculosis among the whites has fallen at a greater rate than among the negroes. I hope you will all get this pamphlet.*

"The negro tuberculosis is a very heavy drag on the fight against tuberculosis in this State. That is a cold-blooded statement, and that appeals only to your business interests or to your judgment as to how to expedite an important piece of work. We must speed up the decline of the tuberculosis among the negroes, because it is definitely delaying the fall amongst the tuberculosis of the whites.

"If we are right in thinking, in believing that a definite progress has been made under conditions where the negroes were a relative drag, not whether, but how far, how great progress could we make if we provided for this slower race equal, if not in some respects, superior advantages. That is the thing that will take precedence over the hospital for the more advanced cases."

MR. CYRUS FLOOK,

Chairman of Commission on Education, Frederick County.

(Discussion.)

"* * * If we do not spend money for the conservation of the future generations of this land, why should we spend it? Along that line I want to say that in Frederick county we have a hospital that can accommodate 500 patients—put that down. We are building a place *for the colored* and for the advanced cases."

*A copy of this pamphlet, "A Brief Review of the Tuberculosis Campaign, 1904-1914," can be obtained as long as the supply lasts from the Bureau of Vital Statistics, State Department of Health, 16 W. Saratoga street, Baltimore, Md.

MISS NELLIE CASEY,

Tuberculosis Nurse, Washington County.

(Discussion.)

"I wish to speak for Washington county, Maryland. I am the visiting nurse there. Washington county has been planning just within the last few weeks to build its own hospital, and just a few days ago a gentleman walked into my office and laid down his contribution, the first \$1000, for the first instalment on the hospital. In accordance with Dr. Wilson's plan and Mr. Davenport's suggestion, it will not be on the almshouse grounds. We will have our own grounds and our own building. Our building will be small, *but will include the colored people*. I have the promise of the co-operation of the colored physician in Hagerstown to make a census of the colored population there. In two years we had only six cases reported to us."

MRS. HENRY J. FINLEY,

Vice-President, Social Service League of Montgomery County.

(Discussion.)

"* * * In Montgomery county we have an ideal regarding the negro as a social animal. He is primitive, and he must be taken upon his own ground, and not held firmly by the law. We have \$700 subscribed for our hospital by private individuals, and an organization appointed by our Commissioners to go ahead with the work.* * *"

MR. MAX J. COLTON,

Health Officer of Allegany County.

(Discussion.)

"Cumberland has a population of about 25,000, 1200 of which is colored. Under the guidance of the Civic Club there is a nurse provided for tuberculosis work. She is doing very good work, and at the present time we have an ordinance before the City Council calling for house survey."

The other day the nurse found 11 persons living in two rooms, and downstairs a woman sick in bed with tuberculosis, dying. We are going to improve those conditions. The public health work in Cumberland is really only in its incipient stage. It was only started in 1910. The death rate for 1914, the colored death rate, is about three times as high as the white death rate. We had 300 cases reported in four years, of children. * * *

DR. PHILIP BRISCOE,

Mutual, Calvert County.

(Discussion.)

"I represent Calvert county, and I am very much interested in devising a means for eradicating tuberculosis from the negroes. I want to say that we get the end of tuberculosis; by that I mean that most of our young negroes go over to Baltimore city, they rarely ever contract it at home, and then they bring it back and die here. In my practice of possibly ten miles square I don't think that I know of three negroes having tuberculosis in the incipient stage. They have it in the last stage, and they come back there in those little houses or huts, surrounded by their children, and infect the county. I did come here to try and hear some means of eradicating that infection. I hope that something will come of this conference."



Many dumping lots of this kind between houses are found in the colored sections of Baltimore. In some the refuse stands nearly halfway up the sides of the houses on either side.

DR. HIRAM WOODS,

Member, Board of State Aid and Charities.

(Discussion.)

"I think, in the first place, that we all ought to recognize the infinite importance of this conference, and the great wisdom of the Governor in calling it. The men and women who have taken part in this conference are thoughtful people. They have come from various parts of the State. Two or three people have said to me recently, within the last half hour, that they think we should have a more complete registration. Dr. Jones is the man to start that; he is going to a meeting of the Executive Committee to take up the question of trying to secure from the various health officers of the different counties the names of the individuals who have attended this conference. I bring that up now, so that we will have a complete registration of all the people who have attended this first conference. Get these names while the matter is still before us.

"On behalf of the members of the conference I wish to present the following resolutions:

RESOLUTIONS
ADOPTED AT THE FIRST STATE CONFERENCE ON
TUBERCULOSIS, ANNAPOLIS, MARYLAND,
JANUARY 22 and 23, 1915.

WHEREAS, the Ten Year fight against Tuberculosis in Maryland has resulted in a slight diminution in the death rate from this disease; and

WHEREAS, the seriousness of the situation is now apparent to the people of the State, as evidenced by the proclamation of His Excellency, Governor Goldsborough; be it

Resolved, That this Conference of public officials, physicians, nurses, social workers, and citizens, of Maryland, assembled at the State House in Annapolis, does now express its conclusions, to wit:

That it is desirable that the State embark upon a definite policy of providing adequate hospital facilities for the segregation and care of advanced cases of Tuberculosis in small hospitals distributed over the State, supported jointly by the State and the Counties;

That adequate provision be made for the segregation, treatment and care of negroes suffering from Tuberculosis;

That the State make legal provision for the segregation and detention of such tuberculous patients as are found to be a definite menace to the public health: and

That the Maryland Association for the Prevention and Relief of Tuberculosis be requested to endeavor through the year to secure the public discussion of these three items, and prepare proper bills for their realization to be presented to the Legislature of 1916.

His Excellency Governor Goldsborough.

(Concluding Remarks.)

"The Governor is very willing to appoint any agency that may be of help to this very vital subject. I might say that I had hoped before the completion of my term to see some systematic effort adopted, because I have a feeling of kindness in this matter that would particularly be of aid and service to the colored race. Mr. W. H. Davenport, Secretary of the State Aid and Charities, told you that last year the General Assembly of 1914 was asked for an appropriation of \$100,000 for the construction of a sanatorium for the colored race, and that members of the Legislature held up their hands in horror. *This is not a political question. This is a question of suffering humanity.* I am gratified at this meeting, because I think it will help the situation in the year 1916. It may matter not politically how that General Assembly may be made up—whether it shall be Democratic or Republican—I am convinced that the legislator, from wherever he may come, when this matter has been intelligently presented to him, will do that which is his duty. *The colored man and the colored woman are here. They are citizens of this State. The South has always been able to take care of the colored question, and it will now settle this question, and settle it right, honestly and fairly.*

"I do not know that the Governor ought to appoint a commission or a committee pending the convening of the General Assembly, since that point has been lodged by this resolution in the Maryland Association for the Prevention and Relief of Tuberculosis. I think too many agencies perhaps may interfere one with the other. If, however, after the Association shall have decided that I can be of any further aid and assistance by the appointment of a committee or commission, I shall be most glad to serve you."

The Conference was here adjourned by the presiding officer, Dr. Henry Barton Jacobs, President of the Maryland Association for Prevention and Relief of Tuberculosis.

NEGRO TUBERCULOSIS—WHOSE PROBLEM?

A SUMMARY.

Negro Tuberculosis is the most serious phase of Maryland's tuberculosis problem, because (1) most negro cases are not discovered until in an advanced and dangerous stage; (2) ignorance, lack of a well-developed social sense, and insanitary negro housing and schools, increase the difficulties of controlling the disease, and (3) the State, counties, cities and towns of Maryland have failed to provide adequate hospital and sanatoria accommodations for the segregation and treatment of the negro tuberculous.

Few people realize the extent to which the negro race enters into their daily lives and how intimately sickness and disease among the negroes concern their own welfare. The Federal Census of 1910 shows that there were at that time in Maryland 24,983 negroes whose occupations were given as house servants, 806 who were acting as chauffeurs, hostlers and stable hands, 15,061 who were cleaning and laundry women, and that 32,886 as farm, dairy and garden hands were handling a large share of the food consumed in the State. Inasmuch as tuberculosis is a communicable disease, it can readily be seen how a servant who is ignorant of having the disease, or, knowing it, is careless in his habits, can be the means of infecting not only his own family and many of his friends, but also his employer's family and friends as well.

In 1913 the negro race, amounting to 17½ per cent. of the total population of the State, furnished 37¾ per cent. of all the deaths from tuberculosis, which shows that the known deaths from tuberculosis in that year were over twice as prevalent among negroes than among the whites. Bad living conditions, overcrowding, dirt, darkness, open drainage, poor ventilation and plumbing, are the "intimate friends" of tuberculosis. These conditions are common characteristics of the negro section of the cities, towns and villages of the State. That the negro has had to live—and die—under such conditions is not his fault. That he would avail himself of sanitary living quarters, if they were provided, is demonstrated by the experience of the Washington Sanitary Improvement Co. This company built and operates some 200 model, sanitary houses in Washington, D. C., which are occupied by 400 negro families who pay no more, and sometimes, less rent than they had formerly done in their alley shacks. This company has paid 5 per cent. from net earnings on all moneys invested in the plan since its beginning nearly twenty years ago, surely not merely a venture in philanthropy, but a result of common and business sense.

It is unquestionably true that there is at all times a large number of undiscovered negro cases of tuberculosis, many of whom are advanced cases, and unless properly instructed and cared for, dangerous to all with whom they come in contact. The percentage of undiscovered tuberculosis can be reduced in several ways—by the increase in number of specially trained tuberculosis nurses, by closer co-operation on the part of the family physician with the health authorities in the matter of diagnosis and the early reporting of cases, and finally, by the continued education of the negro by the various agencies which come in contact with him in his work, in his church and societies and in his home.

But keeping the advanced case in the home, be it white or colored, is a makeshift at best. This type of tuberculosis case should be segregated and have immediate hospital treatment and care. At the present time there are in all but 64 hospital beds in Maryland for tuberculous negroes; 45 of these are only for residents of Baltimore who are willing to declare themselves paupers, and 19 beds in the counties—these for some 1703 known negro cases (December, 1914), or an average of 27 cases for every available bed. In addition, Maryland should have a law that assures not only the segregation of careless tuberculosis patients, but, what is even more important, their detention, so that they cannot

endanger the public health. Our present law calling for the segregation of this type of patient is hopelessly inadequate and defeats its own purpose, as the patient so committed cannot be held in restraint.

Among the tuberculosis measures which the Maryland Association for the Prevention and Relief of Tuberculosis will urge at the 1916 session of the General Assembly will be bills calling for adequate provision for the segregation, treatment and care of negroes suffering from tuberculosis, and provision for the segregation and detention of such tuberculosis cases (white and colored) as are found to be a definite menace to public health; a third measure will shape a definite policy for the State in reference to providing adequate hospital facilities for the segregation and care of advanced cases of tuberculosis (white) in small hospitals distributed over the State, supported jointly by the State and the counties. Support of these three bills is requested of every citizen of Maryland interested in improving the health, moral and economic tone of his community.

You can help. Don't merely hope your representative will support these important measures designed for your own and your family's protection. Make sure he does by choosing and helping to elect a man who will. It is up to you to send this type of representative to the General Assembly of 1916.

Copies of these bills when prepared, copies of the Association's Surveys on Negro Housing and Negro Schools in Baltimore, and other information will be gladly furnished on request. Address Robert C. Powell, Executive Secretary, 1301 North Charles street, Baltimore, Md.



MARYLAND ASSOCIATION FOR THE PREVENTION AND RELIEF OF TUBERCULOSIS.

HENRY BARTON JACOBS, *President.* W. BLADEN LOWNDES, *Treasurer.*
JOSEPH S. AMES, *Secretary.* ROBERT CARLISLE POWELL, *Exec. Secy.*

VICE-PRESIDENTS.

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THE HON. JOHN WALTER SMITH. THE HON. EDWIN WARFIELD.
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Note: Grateful acknowledgment is made to the Tuberculosis Nurses Division of the Baltimore Health Department, Miss Eleanor A. McL. Jones, Superintendent; to the Bureau of Vital Statistics of the State Department of Health, Dr. Fred. V. Beitler, Chief, and to the Association for Prevention of Tuberculosis of the District of Columbia, J. W. Faust, Extension Secretary, for assistance given in the preparation of the Negro Tuberculosis Exhibit shown on pages 2, 4, 6, 8, 10, 12 and 14.

